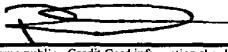


|  |                           |                             |                 |
|--|---------------------------|-----------------------------|-----------------|
| <b>FEE TRANSMITTAL<br/>for FY 2003</b><br><small>Patent fees are subject to annual revision.</small> |                           | <b>Complete if Known</b>    |                 |
|  |                           | <i>Application Number</i>   |                 |
|  |                           | <i>Confirmation Number</i>  |                 |
|  |                           | <i>Filing Date</i>          |                 |
|  |                           | <i>First Named Inventor</i> | Klaus Hilbig    |
|  |                           | <i>Examiner Name</i>        |                 |
|  |                           | <i>Group/Art Unit</i>       |                 |
| <b>TOTAL AMOUNT OF PAYMENT</b>   | <b>(\$)</b> <b>750.00</b> | <i>Attorney Docket No.</i>  | <b>CM2504RQ</b> |

| <b>METHOD OF PAYMENT (check one)</b>   |  |   | <b>FEE CALCULATION (continued)</b>   |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
|--|--|---|--|-----------------------|------------------------|-----------------|------|-----------------------------------|--------------------------|------|--|--------------------------|------|---------------------------|--------------------------|------|--|--------------------------|------|---|--------------------------|------|--|--------------------------|------|--|--------------------------|------|--|--------------------------|------|--|--------------------------|------|--|--------------------------|------|--|--------------------------|------|------------------|--------------------------|------|--|--------------------------|------|--------------------------|--------------------------|------|---|--------------------------|------|----------------------------------|--------------------------|------|------------------------------------|--------------------------|------|--------------------------------|--------------------------|------|------------------|--------------------------|------|-------------------------------|--------------------------|------|---|--------------------------|------|--|--------------------------|------|--|--------------------------|------|--|--------------------------|------|---|--------------------------|------|---|--------------------------|------|--|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|---------------------|-----------------------|---|--------------------|-----------------------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <b>16-2480</b><br/>           Deposit Account Name <b>The Procter &amp; Gamble Company</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17</p> |  |   | <b>3. ADDITIONAL FEES</b> <table border="0"> <thead> <tr> <th><b>Code (\$)</b></th> <th><b>Fee Description</b></th> <th><b>Fee Paid</b></th> </tr> </thead> <tbody> <tr><td>1051</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920* Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840* Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50 Petitions related to provisional applications<br/>(37 C.F.R. 1.17(q))</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180 Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>750 Filing a submission after final rejection<br/>(37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>750 For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>750 Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900 Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1300 Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr> <td><b>SUBTOTAL (2)</b></td> <td><b>(\$)</b><b>  </b></td> <td><b>* Reduced by Basic Filing Fee Paid</b></td> <td><b>SUBTOTAL(3)</b></td> <td><b>(\$)</b><b>  </b></td> </tr> </tbody> </table> | <b>Code (\$)</b>      | <b>Fee Description</b> | <b>Fee Paid</b> | 1051 | Surcharge-late filing fee or oath | <input type="checkbox"/> | 1052 | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053 | Non-English specification | <input type="checkbox"/> | 1812 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804 | 920* Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 1805 | 1,840* Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 1251 | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 1252 | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253 | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 1254 | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 1255 | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 1401 | Notice of Appeal | <input type="checkbox"/> | 1402 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | Request for oral hearing | <input type="checkbox"/> | 1451 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | Design issue fee | <input type="checkbox"/> | 1460 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 Petitions related to provisional applications<br>(37 C.F.R. 1.17(q)) | <input type="checkbox"/> | 1806 | 180 Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 750 Filing a submission after final rejection<br>(37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 750 For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | 750 Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1300 Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | <b>SUBTOTAL (2)</b> | <b>(\$)</b> <b>  </b> | <b>* Reduced by Basic Filing Fee Paid</b> | <b>SUBTOTAL(3)</b> | <b>(\$)</b> <b>  </b> |
| <b>Code (\$)</b>   | <b>Fee Description</b>   | <b>Fee Paid</b>                           |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1051   | Surcharge-late filing fee or oath  | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1052   | Surcharge-late provisional filing fee or cover sheet   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1053   | Non-English specification  | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1812   | For filing a request for <i>ex parte</i> reexamination   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1804   | 920* Requesting publication of SIR prior to Examiner's action  | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1805   | 1,840* Requesting publication of SIR after Examiner's action   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1251   | Extension for reply within 1 <sup>st</sup> month   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1252   | Extension for reply within 2 <sup>nd</sup> month   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1253   | Extension for reply within 3 <sup>rd</sup> month   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1254   | Extension for reply within 4 <sup>th</sup> month   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1255   | Extension for reply within 5 <sup>th</sup> month   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1401   | Notice of Appeal   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1402   | Filing a brief in support of an appeal   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1403   | Request for oral hearing   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1451   | Petition to institute a public use proceeding  | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1452   | Petition to revive - unavoidable   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1453   | Petition to revive - unintentional   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1501   | Utility issue fee (or reissue)   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1502   | Design issue fee   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1460   | Petitions to the Commissioner  | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1807   | 50 Petitions related to provisional applications<br>(37 C.F.R. 1.17(q))  | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1806   | 180 Submission of Information Disclosure Statement   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1809   | 750 Filing a submission after final rejection<br>(37 CFR § 1.129(a))   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1810   | 750 For each additional invention to be examined (37 CFR § 1.129(b))   | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1801   | 750 Request for Continued Examination (RCE)  | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1802   | 900 Request for expedited examination of a design application  | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| 1454   | 1300 Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/>                  |  |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| Other fee (specify) _____  |  |   | <input type="checkbox"/>   |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| Other fee (specify) _____  |  |   | <input type="checkbox"/>   |                       |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |
| <b>SUBTOTAL (2)</b>  | <b>(\$)</b> <b>  </b>  | <b>* Reduced by Basic Filing Fee Paid</b> | <b>SUBTOTAL(3)</b>   | <b>(\$)</b> <b>  </b> |                        |                 |      |                                   |                          |      |  |                          |      |                           |                          |      |  |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |                  |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |   |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |  |                          |                           |  |  |                          |                           |  |  |                          |                     |                       |   |                    |                       |

|                     |   |                                 |                |
|---------------------|---|---------------------------------|----------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b> |                |
| Name (Print/Type)   | <b>David M. Weirich</b>   | Registration No.                | <b>38,361</b>  |
| Signature           |  |                                 |                |
|                     |   | Telephone                       | (513) 634-6961 |
|                     |   | Date                            | <b>7/15/03</b> |

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. CM2504RQ

First Inventor Klaus Hilbig

Assignee The Procter & Gamble Company

Title LOTIONED AND EMBOSSED TISSUE PAPER

Express Mail Label No. EU812001172US

**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

Mail Stop Patent Application

ADDRESS TO: Commissioner for Patents  
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1.  Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original, and a duplicate for fee processing)*
2.  Specification Total Pages [20]  
*(preferred arrangement set forth below)*
  - Descriptive Title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings *(if filed)*
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 USC §113) Total Sheets []
4. Oath or Declaration Total pages  [X]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR §1.63(d))  
*(for continuation/divisional with Box 17 complete*
    - i.  **DELETION OF INVENTORS**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).
5.  Application Data Sheet. See 37 CFR §1.76

6.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  Paper
  - c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

8.  Assignment Papers (cover sheet & document(s))
9.  37 CFR 3.73(b) Statement  Power of Attorney *(when there is an assignee)*
10.  English Translation Document *(if applicable)*
11.  Information Disclosure  Copies of IDS Statement (IDS)/PTO-1449/SB08 Citations
12.  Preliminary Amendment
13.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
14.  Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
15.  Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
16.  Other: .....

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

Continuation  Divisional  Continuation-in-part (CIP)

of prior application No. PCT/US02/05364

Group/Art Unit: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_  
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

[X] Customer Number

(Insert Customer No. here)

27752

Name (Print/Type)

David M. Weirich

Registration No. (Attorney/Agent)

38,361

Signature

Date

7/15/03

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(Revised for P&G use 6/6/2003)